

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020889

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5562** STATE FILE NUMBER1. PLACE OF DEATH  
a. COUNTY **FILED JUN 7 1962**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

c. CITY  
OR TOWN **St. Louis**Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **DePaul Hospital**Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**5209 Nottingham Ave.**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
**George D. Reichert**4. DATE OF DEATH  
Month Day Year  
**June 2, 1962**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**7-16-1887**9. AGE (last birthday)  
**74**IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Civil Engineer**10b. KIND OF BUSINESS OR INDUSTRY  
**Scullin Steel Co. Freeburg, Ill.**11. BIRTHPLACE (City and state or country)  
**U.S.A.**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

13a. FATHER'S NAME

**George Reichert**

13b. MOTHER'S MAIDEN NAME

**Ida Friedlindel**

14. NAME OF HUSBAND OR WIFE

**Emma R. Reichert**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Emma R. Reichert 5209 Nottingham**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebral Hemorrhage**INTERVAL BETWEEN ONSET AND DEATH  
**1 week**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Cerebral Arteriosclerosis and**

DUE TO (c)

**Hypertension.**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

**331X**☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 15, 1962** to **June 2, 1962** and last saw him alive on **January 1962**  
Death occurred at **330 Ave.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Burial**23b. DATE  
**6-4-62**23c. NAME OF CEMETERY OR CREMATORY  
**Calvary Cemetery**23d. LOCATION (City, town, or county)  
**W. Florissant Ave. Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**Kriegshauser South 4228 S. Kingshighway**

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**June 3/1962 Earl Smith. M.D.**

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

59

Dr. David Flavian  
#17 Briarcliff  
8-9PM

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*R.W. Stovessand*

Licensed Embalmer No.

*4007*

P. O. Address

*St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.